



DOVER RECREATION PLAYGROUNDS PROGRAM REGISTRATION 2009 (Dover Residents Only!)

PARTICIPANT'S NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ AGE: _____
CITY: _____ STATE: _____ ZIP CODE: _____ GRADE COMPLETED JUNE 2009: _____
HOME PHONE: _____ EMAIL: _____
MOTHER'S NAME: _____ EMERGENCY DAY PHONE: _____
FATHER'S NAME: _____ EMERGENCY DAY PHONE: _____
EMERGENCY CONTACT (NEIGHBOR/RELATIVE): _____ PHONE: _____



PLAYGROUND PROGRAM

(Ages 6 (as of 6/1/09)-12)

\$320 per child before May 31st

\$350 per child after June 1st

June 29 - August 14

\$	Ck # or cash?
Date:	
Staff Initials	

LOCATIONS:

☐ HORNE ST. ☐ GARRISON

Swimming Ability: ☐ Swimmer ☐ Non-swimmer

Please indicate if child may go home by themselves for any reason - be specific!!! (Rain, bathroom, etc.) _____

*If anyone other than a parent may pick up your child – please make sure we are notified in writing of who they are!

\$10.00 Non-refundable administration fee included in each fee.

LIABILITY WAIVER/MEDICAL RELEASE

I, the undersigned, parent or guardian, do hereby agree to allow the individual names herein to participate in the aforementioned activity, and I further agree to hold the City of Dover, Recreation Department, and staff harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name.

We may take photographs during the Summer programs. May we use your child's photograph in future publications? ☐ Yes ☐ No

SIGNATURE: _____ Date: _____

Note: Please indicate any medical concerns: medication(s) child is taking, swimming problems or other physical disabilities of which we should be made aware of:

Health Insurance Company: _____ Policy Holder: _____

Policy # _____ Group # _____ ID # _____ Certificate # _____